

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/009976**

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		#	
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.
1	/	/		/	51	
2	/	/		/	52	
3	/	/		/	53	
4	/	/		/	54	
5	/	/		/	55	
6	/	/		/	56	
7	/	/		/	57	
8	/	/		/	58	
9	/	/		/	59	
10	/	/		/	60	
11	/	/		/	61	
12	/	/		/	62	
13	/	/		/	63	
14	/	/		/	64	
15	/	/		/	65	
16	/	/		/	66	
17	/	/		/	67	
18	/	/		/	68	
19	/	/		/	69	
20	/	/		/	70	
21	/	/		/	71	
22	/	/		/	72	
23	/	/		/	73	
24	/	/		/	74	
25	/	/		/	75	
26	/	/		/	76	
27	/	/		/	77	
28	/	/		/	78	
29					79	
30					80	
31					81	
32					82	
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40					90	
41					91	
42					92	
43					93	
44					94	
45					95	
46					96	
47					97	
48					98	
49					99	
50					100	
TOTAL IND.	/	/		/	TOTAL IND.	
TOTAL DEP.	27	27	27	27	TOTAL DEP.	5
TOTAL CLAIMS	28	28	28	28	TOTAL CLAIMS	28

#	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS